



# INDIANA ORGANIC CERTIFICATION COST SHARE PROGRAM APPLICATION

State Form 51338 (5-03)  
Form approved by State Board of Accounts, 2003



Contact Name: \_\_\_\_\_

Business/Farm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Date of Certification/Continuance of Certification: \_\_\_\_\_

Name of Certifier: \_\_\_\_\_

Total Amount Paid for Certification (do not include membership fees) \$ \_\_\_\_\_

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**The following documents must be included with your application in order for your cost share to be processed.  
If you do not have these documents, contact your certifier and request them.**

- \$ A copy of your certificate, or other proof of certification or continuance, that shows the effective date;
- \$ A copy of your invoice and/or receipt that itemized your certification costs;
- \$ Proof of payment {front and back of cancelled check(s) or copies of money orders};
- \$ Completed W-9 & Direct Deposit Form {Filled out by both you and your bank}; and
- \$ Completed and signed Claim Voucher.

**Return this form with the appropriate documents to:**



Carl Heck  
Indiana State Department of Agriculture  
101 W. Ohio Street  
Suite 1200  
Indianapolis, Indiana 46204

(317) 233-1572 or [check@isda.in.gov](mailto:check@isda.in.gov)

## ISDA OFFICE USE ONLY

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